



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/619,957	07/20/2000	James F. Kohli	GEMS:0085	3647
7590	10/13/2004		EXAMINER	
Patrick S Yoder Suite 330 7915 FM 1960 West Houston, TX 77070			MORGAN, ROBERT W	
			ART UNIT	PAPER NUMBER
			3626	

DATE MAILED: 10/13/2004

Please find below and/or attached an Office communication concerning this application or proceeding.

Office Action Summary	Application No.	Applicant(s)
	09/619,957	KOHLI, JAMES F.
Examiner	Robert W. Morgan	Art Unit
		3626

-- *The MAILING DATE of this communication appears on the cover sheet with the correspondence address* --

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If the period for reply specified above is less than thirty (30) days, a reply within the statutory minimum of thirty (30) days will be considered timely.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1) Responsive to communication(s) filed on 28 June 2004.

2a) This action is **FINAL**. 2b) This action is non-final.

3) Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4) Claim(s) 1-37 is/are pending in the application.
4a) Of the above claim(s) _____ is/are withdrawn from consideration.
5) Claim(s) _____ is/are allowed.
6) Claim(s) 1-37 is/are rejected.
7) Claim(s) _____ is/are objected to.
8) Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9) The specification is objected to by the Examiner.

10) The drawing(s) filed on _____ is/are: a) accepted or b) objected to by the Examiner.

Priority under 35 U.S.C. § 119

12) Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
a) All b) Some * c) None of:
1. Certified copies of the priority documents have been received.
2. Certified copies of the priority documents have been received in Application No. _____.
3. Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) Notice of References Cited (PTO-892)
2) Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08)
Paper No(s)/Mail Date .
4) Interview Summary (PTO-413)
Paper No(s)/Mail Date. ____ .
5) Notice of Informal Patent Application (PTO-152)
6) Other: ____ .

DETAILED ACTION

Continued Examination Under 37 CFR 1.114

1. A request for continued examination under 37 CFR 1.114, including the fee set forth in 37 CFR 1.17(e), was filed in this application after final rejection. Since this application is eligible for continued examination under 37 CFR 1.114, and the fee set forth in 37 CFR 1.17(e) has been timely paid, the finality of the previous Office action has been withdrawn pursuant to 37 CFR 1.114. Applicant's submission filed on 6/28/04 has been entered.

Response to Amendment

2. This communication is in response to the amendment filed 3/25/04. Now claims 1-37 are presented for examination.

Oath/Declaration

3. The declaration under 37 CFR 1.132 filed 6/28/04 is sufficient to overcome the rejection of claims 1-37 based upon the affidavit or declaration by the common owner which states that there is common ownership and states facts which explain why the affiant or declarant believes there is common ownership, and the affidavit or declaration is signed by an official of the corporation or organization empowered to act on behalf of the corporation or organization when the common owner is a corporation or other organization.

Claim Rejections - 35 USC § 103

4. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

5. Claims 1-37 are rejected under 35 U.S.C. 103(a) as being unpatentable over U.S. Patent No. 6,260,021 to Wong et al. in view of U.S. Patent No. 4,899,292 to Montagna et al.

As per claim 1, Wong et al. teaches a computer-based medical image distributed system configured with one or more report interface engines for retrieving medical report data associated with medical image data from one or more existing storage systems and for presenting retrieved medical report data as medical report objects with a uniform object-oriented structure which includes a method for generating reports for management of a medical facility (see: column 4, lines 16-30), the method comprising the steps of:

(a) the claimed storing data representative of operation of a medical facility in a data repository operative in a first processing space is met by middleware database (62, Fig. 2) (see: column 12, lines 64 to column 13, line 6).

Wong et al. also teaches one or more image object coordinators that further receive medical report requests associated with the medical image data transmitted from one of the graphical interfaces, obtain medical report objects in uniform object-oriented structure from one or more report interface engines, compose medical report objects for display by graphical interface, and transmit composed medical report objects to the requesting graphical interface (see: column 4, lines 16-30). In addition, Wong et al. teaches a security object server for authorizing user access to the image distribution system to particular objects and appropriate security protocols such as socket layer or other link encryption protocols are used to insure confidentiality of the medical information (reads on “transmitting data by security device”) (see: column 3, lines 46-48 and column 8, lines 59-64).

Wong et al. fails to explicitly teach:

- (b) the claimed accessing data from the repository to populate a report;
- (c) the claimed transmitting the accessed data to a second processing space separated from the first processing space; and
- (d) the claimed generating the report in the second processing space based upon the transmitted data.

Montagna et al. teaches:

- (b) the claimed accessing data from the repository to populate a report is met by the different menus for repair or insurance estimation function that are displayed for user selection (see: column 13, lines 11-31 and Fig. 13-16);
- (c) the claimed transmitting the accessed data to a second processing space separated from the first processing space is met by the transmission of data from the DRAM/SRAM (second processing space) and the central computer (437, Fig. 4) (first processing space) (see: column 14, line 50 to column 15, line 2); and
- (d) the claimed generating the report in the second processing space based upon the transmitted data is met by the different menus for repair or insurance estimation function that are displayed for user selection based on information obtained from the central computer (437, Fig. 4) (see: column 13, lines 11-31, Fig. 13-16 and column 14, line 55 to column 15, line 2).

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to include the transmission data from a first processing space to a second processing space to generate a report as taught by Montagna et al. within the computer-based medical image distributed system as taught by Wong et al. with the motivation of storing and

retrieving document text which permits convenient and rapid selection and display of associated graphics (see: Montagna et al.: column 2, lines 47-52).

As per claim 2, Montagna et al. teaches the claimed data is accessed in accordance with a predetermined reporting schedule. This limitation is met by the electronic clock and calendar module (80, Fig. 4), which is provided to the assist system (20, Fig. 1) in generating reports (see: column 7, lines 20-22).

As per claim 3, Wong et al. teaches the claimed data is accessed in response to an operator prompt for report generation. This limitation is met by the client object requests generated by the user running on a client workstation for accessing medical images data or report data (see: column 10, lines 48-54).

As per claim 4, Montagna et al. teaches the claimed step of generating a report template identifying data to be accessed in the first processing space, and wherein step (b) includes accessing data identified in the report template. This feature is met by the different menus for repair or insurance estimation function that are displayed for user selection based on information obtained from the central computer (437, Fig. 4) (see: column 13, lines 11-31, Fig. 13-16 and column 14, line 55 to column 15, line 2).

As per claim 5, Wong et al. teaches the claimed security device includes a firewall. This limitation is met by the security object server for authorizing user access to the image distribution system to particular objects and appropriate security protocols such as socket layer or other link encryption protocols are used to insure confidentiality of the medical information (see: column 3, lines 46-48 and column 8, lines 59-64).

As per claim 6, Montagna et al. teaches the claimed accessed data is stored in a data file and step (c) includes exporting the data file to a storage medium in the second processing space. This limitation is met by the transmission of data from the DRAM/SRAM (second processing space) and the central computer (437, Fig. 4) (first processing space) (see: column 14, line 50 to column 15, line 2).

As per claim 7, Wong et al. teaches the claimed step of automatically generating a notification message indicative of availability of the report generated in step (d). This limitation is met by the object definition component that stores data such report objects and the location data component stores object identifiers and message routing information (see: column 13, lines 51-58).

As per claim 8, Wong et al. teaches the claimed message is transmitted to a user, and the report is maintained in the second processing space at least until the user accesses the report to a remote location. This feature is met by the location data component stores object identifiers and message routing information (see: column 13, lines 51-58).

As per claims 9 and 10, Wong et al. teaches the claimed second processing space is accessible via a wide area network and Internet. This limitation is met by the client systems that are link via network links (36, Fig. 1) such as campus intranet, a wide-area intranet, or even the Internet (see: column 8, lines 53-61).

As per claim 11, Wong et al. teaches the claimed report is generated for a subscribing medical facility, and wherein the first processing space is inaccessible to the subscribing facility. This feature is met by the user accessing a client workstation using user identification information to request medical images or report requests (see: column 14, lines 1-16). The

Examiner considers user identification information as a requirement by the user to access medical images or reports that are inaccessible to the non-subscription users or medical facilities.

As per claim 12, Wong et al. teaches a computer-based medical image distributed system configured with one or more report interface engines for retrieving medical report data associated with medical image data from one or more existing storage systems and for presenting retrieved medical report data as medical report objects with a uniform object-oriented structure which includes a method for generating reports for management of a medical facility (see: column 4, lines 16-30), the method comprising the steps of

(a) storing data representative of activities of the medical diagnostic facility in a secure database operative in a first processing space is met by middleware database (62, Fig. 2) (see: column 12, lines 64 to column 13, line 6).

Wong et al. fails to explicitly teach:

(b) defining a report template, the report template identifying data for presentation in a report;

(c) populating a data file in the first processing space with data from the database as identified by the report template;

(d) exporting the data file to a second processing space separated from the first processing space; and

(e) generating the report in the second processing space based upon the template and the data file.

Montagna et al. teaches:

(b) defining a report template, the report template identifying data for presentation in a report is met by the different menus for repair or insurance estimation function that are displayed for user selection based on information obtained from the central computer (437, Fig. 4) (see: column 13, lines 11-31, Fig. 13-16 and column 14, line 55 to column 15, line 2);

(c) populating a data file in the first processing space with data from the database as identified by the report template is met by the different menus for repair or insurance estimation function that are displayed for user selection based on information obtained from the central computer (437, Fig. 4) (see: column 13, lines 11-31, Fig. 13-16 and column 14, line 55 to column 15, line 2);

(d) exporting the data file to a second processing space separated from the first processing space is met by the transmission of data from the DRAM/SRAM (second processing space) and the central computer (437, Fig. 4) (first processing space) (see: column 14, line 50 to column 15, line 2); and

(e) generating the report in the second processing space based upon the template and the data file is met by the different menus for repair or insurance estimation function that are displayed for user selection based on information obtained from the central computer (437, Fig. 4) (see: column 13, lines 11-31, Fig. 13-16 and column 14, line 55 to column 15, line 2).

The obviousness for combining the teachings of Montagna et al. with the system as taught by Wong et al. are discussed in the rejection of claim 1, and incorporated herein.

As per claim 13, Wong et al. teaches the claimed step (a) includes storing data accessed from the medical diagnostic facility during automated data collection. This limitation is met by

the middleware database (62, Fig. 2) that stores data and persistent objects (see: column 12, line 63 to column 13, line 6).

As per claim 14, Wong et al. teaches the claimed first processing space is inaccessible by the medical diagnostic facility. This feature is met by the user accessing a client workstation using user identification information to request medical images or report requests (see: column 14, lines 1-16). The Examiner considers user identification information as a requirement by the user to access medical images or reports that are inaccessible to the non-subscription users or medical facilities.

As per claim 15, Wong et al. teaches the claimed second processing space is accessible by the medical diagnostic facility. This feature is met by the user accessing a client workstation using user identification information to request medical images or report requests (see: column 14, lines 1-16). The Examiner considers user identification information as a requirement by the user to access medical images or reports that are inaccessible to the non-subscription users or medical facilities.

As per claims 16 and 17, they are rejected for the same reasons set forth in claims 9 and 2.

As per claim 18, Montagna et al. teaches the claimed report is stored in the second processing space until accessed by the medical diagnostic facility. This limitation is met by the different menus for repair or insurance estimation function that are displayed for user selection based on information obtained from the central computer (437, Fig. 4) (see: column 13, lines 11-31, Fig. 13-16 and column 14, line 55 to column 15, line 2).

As per claim 19, it is rejected for the same reason set forth in claim 12.

As per claims 20 and 21, they are rejected for the same reasons set forth in claims 9 and 10.

As per claim 22, Wong et al. teaches the claimed data stored in step (a) is collected at least partially during automated data collection sessions between the medical diagnostic facility and a remote service provider. This limitation is met by the middleware database (62, Fig. 2) that stores data and persistent objects (see: column 12, line 63 to column 13, line 6). The Examiner considers the data in the middleware database at the time of collection to be either partial data or the complete set of data.

As per claim 23, Wong et al. teaches a computer-based medical image distributed system configured with one or more report interface engines for retrieving medical report data associated with medical image data from one or more existing storage systems and for presenting retrieved medical report data as medical report objects with a uniform object-oriented structure which includes a method for generating reports for management of a medical facility (see: column 4, lines 16-30), the system comprising:

--the claimed secure data repository operative in a first processing space for storing data representative of activities of the medical diagnostic facility is met by middleware database (62, Fig. 2) (see: column 12, lines 64 to column 13, line 6); and

--the claimed data access program module, operative in the first processing space for extracting the desired data from the repository is met by the middleware database (62, Fig. 2) that stores data and persistent objects (see: column 12, line 63 to column 13, line 6). In addition, Wong et al. teaches one or more image object coordinators that further receive medical report requests associated with the medical image data transmitted from one of the graphical interfaces,

obtain medical report objects in uniform object-oriented structure from one or more report interface engines, compose medical report objects for display by graphical interface, and transmit composed medical report objects to the requesting graphical interface (see: column 4, lines 16-30). In addition, Wong et al. teaches a security object server for authorizing user access to the image distribution system to particular objects and appropriate security protocols such as socket layer or other link encryption protocols are used to insure confidentiality of the medical information (see: column 3, lines 46-48 and column 8, lines 59-64).

Wong et al. fails to explicitly teach:

- the claimed report template identifying desired data for populating a report;
- the claimed second data repository operative in a second processing space securely separated from the first processing space for storing the desired data extracted by the data access program module; and
- the claimed report generation program module, operative in the second processing space for generating a report based upon the desired data.

Montagna et al. teaches:

- the claimed report template identifying desired data for populating a report is met by the different menus for repair or insurance estimation function that are displayed for user selection (see: column 13, lines 11-31 and Fig. 13-16);
- the claimed second data repository operative in a second processing space securely separated from the first processing space for storing the desired data extracted by the data access program module is met by the transmission of data from the DRAM/SRAM (second processing

space) and the central computer (437, Fig. 4) (first processing space) (see: column 14, line 50 to column 15, line 2); and

--the claimed report generation program module, operative in the second processing space for generating a report based upon the desired data is met by the different menus for repair or insurance estimation function that are displayed for user selection based on information obtained from the central computer (437, Fig. 4) (see: column 13, lines 11-31, Fig. 13-16 and column 14, line 55 to column 15, line 2).

The obviousness for combining the teachings of Montagna et al. with the system as taught by Wong et al. are discussed in the rejection of claim 1, and incorporated herein.

As per claim 24, it is rejected for the same reasons set forth in claim 2.

As per claim 25, Montagna et al. teaches the claimed second data repository is configured to store the report. This feature is met by the different menus for repair or insurance estimation function that are displayed for user selection based on information obtained from the central computer (437, Fig. 4) (see: column 13, lines 11-31, Fig. 13-16 and column 14, line 55 to column 15, line 2).

As per claim 26, Montagna et al. teaches the claimed second data repository is accessible by the medical diagnostic facility. This feature is met by the user accessing a client workstation using user identification information to request medical images or report requests (see: column 14, lines 1-16). The Examiner considers user identification information as a requirement by the user to access medical images or reports that are inaccessible to the non-subscription users or medical facilities.

As per claim 27, Wong et al. teaches the claimed a server coupled to the second data repository for transmitting the report to the medical diagnostic facility. This feature is met by the server (12, Fig. 1), which provides uniform and rapid distribution of information between first-tier system and the third-tier systems such as workstation (see: column 7, lines 11-14).

As per claim 28, Wong et al. teaches the claimed server is configured to be coupled to a wide area network, and to transmit the report to the medical diagnostic facility via the wide area network. This limitation is met by the client systems that are linked via network links (36, Fig. 1) such as campus intranet, a wide-area intranet, or even the Internet to the medical image server (12, Fig. 1) (see: column 8, lines 53-61).

As per claim 29, it is rejected for same reasons set forth in claim 1.

As per claim 30, Wong et al. teaches the claimed means for notifying the medical facility of availability of the report. This limitation is met by the object definition component that stores data such report objects and the location data component stores object identifiers and message routing information (see: column 13, lines 51-58).

As per claim 31, Wong et al. teaches the claimed means for transmitting the report to the medical facility. This feature is met by the one or more image object coordinators that further receive medical report requests associated with the medical image data transmitted from one of the graphical interfaces, obtain medical report objects in uniform object-oriented structure from one or more report interface engines, compose medical report objects for display by graphical interface, and transmit composed medical report objects to the requesting graphical interface (see: column 4, lines 16-30)

As per claim 32, Wong et al. teaches the claimed means for transmitting the report includes a wide area network. This limitation is met by the client systems that are linked via network links (36, Fig. 1) such as campus intranet, a wide-area intranet, or even the Internet to the medical image server (12, Fig. 1) (see: column 8, lines 53-61).

As per claim 33, Montagna et al. teaches the claimed first processing space is inaccessible by the medical facility and the second processing space is accessible by the medical facility. This feature is met by the user accessing a client workstation using user identification information to request medical images or report requests (see: column 14, lines 1-16). The Examiner considers user identification information as a requirement by the user to access medical images or reports that are inaccessible to the non-subscription users or medical facilities.

As per claim 34, it is rejected for the same reasons set forth in claim 1.

As per claim 35, it repeats the subject matter of claim 1, as a set of “computer program”, “computer readable medium” and “computer code” elements rather than a series of steps. As the underlying processes of claim 1 has been shown to be obvious in view of the teachings of Wong et al. and Montagna et al. in the above rejections of claim 1, it is readily apparent that the system disclosed by Wong et al. and Montagna et al. includes a computer program including computer code on a computer readable medium to perform these functions. As such, these limitations are rejected of the same reasons given above for method claim 1, and incorporated herein.

As per claims 36 and 37, they repeat the subject matter of claims 12 and 19, as a set of “computer program”, “computer readable medium” and “computer code” elements rather than a series of steps. As the underlying processes of claims 12 and 19 has been shown to be obvious in view of the teachings of Wong et al. and Montagna et al. in the above rejections of claims 12 and

19, it is readily apparent that the system disclosed by Wong et al. and Montagna et al. includes a computer program including computer code on a computer readable medium to perform these functions. As such, these limitations are rejected of the same reasons given above for method claim 1, and incorporated herein.

Response to Arguments

6. Applicant's arguments with respect to claims 1-35 have been considered but are moot in view of the new ground(s) of rejection.

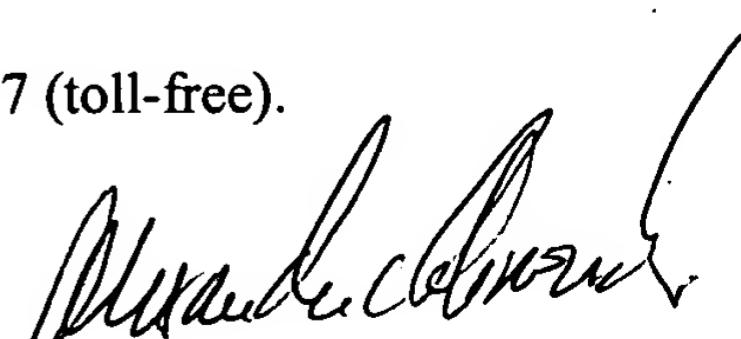
Conclusion

7. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Robert W. Morgan whose telephone number is (703) 605-4441. The examiner can normally be reached on 8:30 a.m. - 5:00 p.m. Mon - Fri.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on (703) 305-9588. The fax phone number for the organization where this application or proceeding is assigned is 703-872-9306.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

RWM
rwm



ALEXANDER KALINOWSKI
PRIMARY EXAMINER